



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR § 1.16(c) or (j))	82-20 =	62	X \$ 18.00 =	\$1,116.00
	INDEPENDENT CLAIMS (37 CFR § 1.16(b) or (i))	11-3 =	8	X \$ 80.00 =	\$ 640.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR § 1.16(d))			\$270.00 =	\$ 270.00
				BASIC FEE (37 CFR § 1.16(a))	\$ 710.00
			Total of above Calculations =		\$2,736.00
	Reduction by 50% for filing by small entity (Note 37 CFR §§ 1.9, 1.27, 1.28).				
	TOTAL =				\$2,736.00

6. Small entity status

- a. ☐ A Small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

7. ☐ Small entity status: Applicant claims small entity status. See 37 CFR § 1.27.

8. ☒ A check in the amount of \$ 2,736.00 is enclosed.

9. The Commissioner is hereby authorized to credit overpayments or charge deficiencies in the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR § 1.16.
- b. ☒ Fees required under 37 CFR § 1.17.
- c. ☐ Fees required under 37 CFR § 1.18.

10. ☐ Applicant requests suspension of action under 37 CFR § 1.103(b) for three months. (Fee of \$130.00 required under 37 CFR § 1.17(i) is enclosed).

11. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A).

b. ☒ Return Receipt Postcard (Should be specifically itemized. See MPEP 503).

12. ☐ Other _____

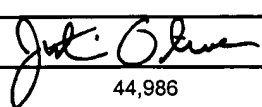
NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below

13. NEW CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 05514 or ☐ New correspondence address below
(Insert Customer No. or Attach bar code label here)

ADDRESS					
CITY		STATE		ZIP CODE	
COUNTRY		TELEPHONE		FAX	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Justin J. Oliver
SIGNATURE	
REGISTRATION	44,986
DATE	July 24, 2001

JJO/tmm